

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                              |
|------------------------|------------------------------|
| Application Number     | 09/844,715 now USP 6,832,263 |
| Filing Date            | April 27, 2001               |
| First Named Inventor   | Kathleen Polizzi             |
| Art Unit               | 2142                         |
| Examiner Name          | Mehmet B. Geckil             |
| Attorney Docket Number | 021756-046500US              |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

20350

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

20350

OR

|                            |  |       |     |
|----------------------------|--|-------|-----|
| Firm or<br>Individual Name |  |       |     |
| Address                    |  |       |     |
| City                       |  | State | Zip |
| Country                    |  |       |     |
| Telephone                  |  | Email |     |

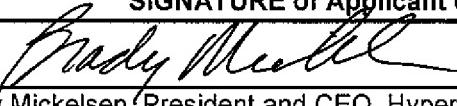
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |  |
|-----------|---|-----------|--|
| Signature |  |           |  |
| Name      | Brady Mickelsen, President and CEO, Hyperion Solutions Corporation                  |           |  |
| Date      | 11/16/2001  | Telephone |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.